	<div>Montana Operations Manual</div> <div><i>Procedure</i></div>		Policy Number	7.02
			Effective Date	August 1, 1998
			Last Revised	December 19, 2011
Issuing Authority	Department of Administration			
Property/Casualty Claim Reporting				

## I. Purpose

In order to protect the state's vital physical, financial, and human resources, property/casualty claims must be filed in a timely and systematic manner. The purpose of this policy is to specify the process and forms which state agencies must use to report property/casualty claims and incidents to the Risk Management & Tort Defense Division (RMTD).

## II. Definitions

Claim - A claim is a demand for monetary damages arising from personal injury or property damage. For purposes of this policy, 'claim' refers to a request for indemnification from a state agency for property damage or a liability claim filed against a state agency, excluding a lawsuit. All claims require that state agencies conduct a preliminary investigation and submit a Report of Incident to RMTD as described in this policy. Claimants shall not be directed to use forms, rules, or processes hereinafter referenced, rather, they shall be referred to the procedures outlined on RMTD's website.

Incident - An event, process, or set of circumstances that may result in potential harm or loss to the state.

Indemnification - An agreement where one party agrees to pay claims and associated costs in behalf of another party to an agreed limit, for specified loss exposures, and for a time specific period.

## III. Claim Categories

For reporting purposes, claims fall into one of three categories:

- A. **Vehicle** - losses arising from the use of state owned, leased, or courtesy vehicles, mobile equipment, and watercraft.
- B. **Personal Injury** - losses arising from bodily injury or property damage other than vehicles.
- C. **Property** - losses to state property other than automobile and personal injury arising from perils such as hail, windstorm, earthquake, fire, theft, etc.

The division coordinates the settlement and adjudication of property and casualty claims except workers' compensation, group health, life, accidental death & dismemberment, and disability in behalf of state agencies. All other

claims shall be filed with the agencies of state government or the university system responsible for administering those programs.

#### IV. Claims Reporting

Timely and accurate reporting of claims is critical in order to protect the interests of the state and its employees.

- A. After an agency or university has suffered a loss, the employee most familiar with the incident should immediately notify his/her supervisor and complete a 'Report of Incident'. For vehicular accidents, guidelines about what information to collect and what to say and do at the accident scene may be found in the 'Accident Form' pamphlet found in the vehicle glove box.
- B. The immediate supervisor or designee will conduct an investigation to determine what happened, why it happened, and how the claim can be prevented from recurring.
- C. Any catastrophic property loss or other loss which involves a fatality or bodily injury should be telephoned by the immediate supervisor or designee to RMTD claims staff within 24 hours.
- D. The immediate supervisor or designee must assure that a 'Report of Incident' form is accurately completed, signed, and sent to RMTD within 5 business days. Claims that are not reported within 60 days may be denied.
- E. A 'Report of Incident' should be initiated even if no injury or property damage resulted from the incident. An incident that occurs today with little consequence for the agency involved may have serious consequences for others at some future date.
- F. The 'Report of Incident' must contain only factual information. State personnel who are completing the reports **should exercise caution not to place blame on other state employees or admit liability**.
- G. Do not furnish information on claims or lawsuits unauthorized persons other than law enforcement officials. Obtain names and address of witness. Refer all other questions to RMTD.
- H. In the event of a claim involving theft of money, securities, or other property, notify the police immediately and call RMTD claims staff as soon as possible.

#### V. Records

Copies of the 'Report of Incident' form shall be distributed as follows:  
ORIGINAL

Risk Management and Tort Defense Division  
1625 11th Avenue

P.O. Box 200124  
Helena, MT 59620-0124

## **COPIES**

Department of Transportation, Organizational Development Bureau for claims involving motor pool vehicles. One copy of each report shall also be maintained by the respective agency. If possible, photographs and diagrams of the losses should also be provided.

## **VI. Rules Governing**

None.

## **VII. Statutes Governing**

§2-9-303, MCA

§2-9-305, MCA

## **VIII. Forms**

Report of Incident

Accident Form Pamphlet

## **IX. Administrative Use**

<b>History Log</b>	
Approved Date:	August 1, 1998
Effective Date:	August 1, 1998
Change and Review Contact:	<u>Brett Dahl</u>
Review:	Event Review: Any event affecting this policy may initiate a review. Such events may include a change in statute, key staff changes or a request for review or change.
Scheduled Review Date:	Five years from Effective Date
Last Review/Revision:	December 19, 2011
Changes:	



STATE OF MONTANA  
RISK MANAGEMENT & TORT DEFENSE  
DEPARTMENT OF ADMINISTRATION  
PO BOX 200124 - HELENA, MT 59620-0124  
(406) 444-2421 FAX (406) 444-2592

REPORT OF INCIDENT

COMPLETE ONLY THE SECTION THAT APPLIES TO YOUR LOSS

VEHICLE ( ) PERSONAL INJURY ( ) PROPERTY DAMAGE / OR LOSS ( )

Reporting Person:	Job Title:	
Department:	Division:	Phone:
Date/Time of Incident:	Location of Incident:	

VEHICLE LOSS

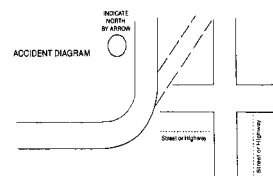
ACCIDENT INFORMATION

Were Police Notified? Yes ( ) No ( )	Police Department Name:	
Investigating Officer's Name:	Investigation Officers Phone Number	
Were Citations Issued? No ( ) Yes ( )	STATE Vehicle Driver ( ) OTHER Vehicle Driver ( )	
Weather Conditions: Clear? ( ) Rain? ( ) Snow? ( ) Other? ( ) Describe		
Roadway Conditions: Dry? ( ) Wet? ( ) Icy? ( ) Snow packed? ( ) Other? ( ) Describe		
Light Conditions: Daylight? ( ) Darkness? ( ) Dusk? ( ) Dawn? ( ) Other? ( ) Describe		
Vehicle Speed: STATE Vehicle? OTHER Vehicle?		
License No. _____ Est. _____ Repair _____	Attachment No. _____ Est. _____ Repair _____	Attachment No. _____ Est. Repair _____

Describe Accident/Incident in detail:

Accident Diagram

INDICATE  
NORTH  
BY ARROW



(use blank paper for additional information)

Signature of Driver: Date:

STATE VEHICLE INFORMATION

Department Owning Vehicle:	Phone No.	
Driver's Name:	Phone No.	
For What Purpose was the Vehicle Being Used?		
Plate No.	VIN No.	Make/Model/Year:
Location Where Vehicle May Be Seen (Address)?		Equip. No.

OTHER VEHICLE INFORMATION						
Plate No./State:		VIN No.:		Make/Model/Year:		
Owner Name:						
Address:					Phone No.:	
Driver's Name:						
Address:					Phone No.:	
Insurance Co.:		Policy No.:			Phone No.:	
OCCUPANTS						
Name:	Address:	Age	State Veh.	Other Veh.	Injured Y - N	Describe Injury
WITNESSES						
Name:	Address:			Phone:		
PERSONAL INJURY						
Name of Injured:	Address:				Phone:	
Nature of Injury:						
Describe clearly how accident/injury occurred:          <div style="text-align: center; font-style: italic;">(use blank paper for additional information)</div>						
PROPERTY DAMAGE / OR LOSS						
State Property (   )    Other (   )						
Describe clearly how property damage occurred:          <div style="text-align: center; font-style: italic;">use blank paper for additional information)</div>						
Property Description (Give make, model, serial number when applicable)						
<div style="text-align: center; font-style: italic;">(use blank paper for additional information)</div>						
Date	Reporting Person's Signature:					
Date	Supervisor's Signature:					
Date	Department Official's Signature:					

